



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Li rease creck ii tiis is air update to a pre	eviously filed statement for the calendar year	2007.
	LEGISLATOR INFORMATION	
Name C/1 17		Member of:
Jehn Dern		☐ House ☐ Senate
Seth Berg Mailing address 1245 River 1	21.	District 67
City, zip code Bowobin ham,	WF 01008	Phone 577 - 1609
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
MSAD #75	50 Republic Ame. Topsham, Mt 04086	K-12 education
State legislature	2 State House Station	
the production of the first term of the contract of the contra	OME DERIVED FROM SELF-EMPLOYMEN r Legislators who are self-employed.)	
A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.	siness, if any, and list the major areas of edership, firm, professional association, or simil	conomic activity from which you ar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:		The second secon
Address:		·
Name:	The second secon	
Address:		·

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMEI (For Legislators who are self-employed.)	NT :					
B. List each source of income derived from self-employment that represents more than 10% of your gross is greater, and specify the principal type of economic activity of the entity or person from whom you derive disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the princip the entity or person from whom the income was derived.	ed such income. If this form of oal type of economic activity of					
Name and Address of Source Ac	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income					
Name:	t man to the day to act again to \$2.00 to 500.00 to					
Address:						
Name:						
Address:						
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)						
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.						
Name and Address of Firm Major Areas of Practice (self)						
Name:	:					
Address:						
Name:						
Address:						
PART 4. OTHER SOURCES OF INCOME						
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include gifts	. If none, check the box.					
☐ None Name and Address of Source	Kind of Income (investments, leases, etc.)					
Name:						
Address:						
Name:						
Address:						
PART 5. REPORTABLE LIABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the repor areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	ting period, and list the major					
□ None	ingel strategieren an ander strategieren der er benemine der er bestehet der er bestehet der er bestehet der be					
Name and Address of Creditor	Principal Type of Economic Activity of Creditor					
Name:	kurika da kurinne nimumbanne saturesestat etateses - eta - jih sik iinalimu a, dimenenemintepersestassestat eta					
Address:						
Name:	. Білімій вім компоненциями менен мененцімець коліліва попишни мененцімець і под под под под под под под под п					
Address:						
PART 6. REPORTABLE GIFTS						
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than none, check the box	\$300 from a single source. If					
None	seen a ussa oo teen oo too uu oo uu maan daa aa aa aa aa aa aa aa uu oo uu 					
Name of Source of Gift Name of Source Name of Source Name of Source	e of Gift					
2. 4.	9					

PART 7. REPORTABLE	НОИО	RARIA						
List the source of any honoraria accepted for appearances or speeches rel	ated to	your offi	cial duties. If none, check the box.					
None								
Name of Source of Honoraria	25 - 15 - 1	Na	ame of Source of Honoraria					
1. 3.								
2. 4								
PART 8. REPRESENTATION BEFORE STATE AGENCIES								
List each executive branch agency before which you represented or assist the box.	ted oth	ers for d	compensation of any amount. If none, check					
None								
Name of Agency			Name of Agency					
3.								
2. 4.								
PART 9. BUSINESS WITH ST	ATE A	GENC	ĪES					
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.	diate fa	mily sol	d goods or services with a value in excess of					
None	2,00		:					
Name of Agency		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Agency					
1. 3.	· ·							
2. 4.								
PART 10. INCOME RECEIVED BY MEMB	ERS O	FIMME	EDIATE FAMILY					
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do n "D" for income received by dependents.	1,000 c ot includ	r more de gifts.	received by your spouse or dependent child Circle "S" for income received by spouse or					
Type of Economic Activity Representing Source of Income Received	appro	cle priate ter	Kind of Income					
1.	S	D	en telem vara a distributi della sallata. En 1966 sesso sessibilità della distributioni maggini dil					
2.	S	D	1					
3.	S	D						
4.	S	D	to apparence of the Control of the C					
SIGNATURE	·							
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	per business day until the report is filed.					
The intentional filing of a false statement is a Class E crime. If the Cowillfully filed a false statement, it shall refer its findings of fact to the Attor	mmissionev Ge	on cond	ludes that it appears that a Legislator has					
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on every question in committee or in either branch of the Legislature, and shall (1 M.R.S.A. § 1019)	require	ed state	nd shall be precluded from voting on any					
Signature /			1/2/08					
DIREBURE!			/ Date					

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			A	DDITION	AL INFORMA	ATION					
Please provide information you	any additional are providing.	information	below (and	on addit	ional sheets	if needed).	Indicate	the part o	r section	number	for the
Part/Section Number	TO THE STATE OF TH	and the same of th		TO SECURITY STATES AND	St. get residente and relatives.	· · · · · · · · · · · · · · · · · · ·	matter water years	And the second	Entripological Communication	A CONTRACTOR	The state of the s
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